**TIONAL** 

FEE

RATE

X\$18=

X80=

+270=

TOTAL ADDIT. FEE

|  |  | ·••,                                      | ·* ·                         |                       |                              |                  |          | ,                 |                        |       | <del></del>         |                        |
|--|--|---|------------------------------|-----------------------|------------------------------|------------------|----------|-------------------|------------------------|-------|---------------------|------------------------|
|  |  |   | Application or Docket Number |                       |                              |                  |          |                   |                        |       |                     |                        |
|  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000 |   |                              |                       |                              |                  |          |                   |                        |       |                     |                        |
|  | ·  |   | <del></del>                  |                       |                              |                  |          |                   |                        |       |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |   |                              |                       |                              | nn 2)            |          | SMALL E<br>TYPE [ | TITY                   | OR    | OTHER<br>SMALL      |                        |
| OTAL CLAIMS  |  |   | 28                           |                       |                              |                  |          | RATE              | FEE                    |       | RATE                | FEE                    |
| OR .   |  |   | NUMBER FILED                 |                       | NUMBER EXTRA                 |                  |          | BASIC FEE         | 355.00                 | OR    | BASIC FEE           | 710.00                 |
| OTAL CHARGEABLE CLAIMS   |  |   | 28 minus 20=                 |                       | . 8                          |                  |          | X\$ 9=            | 72                     | OR    | X\$18=              |                        |
| NDEPENDENT CLAIMS  |  |   | ) minus 3 =                  |                       | . 6                          |                  |          | X40=              |                        | OR    | X80=                |                        |
| IUI  | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT                       | <del>-</del>          |                              |                  |          | +135=             |                        | OR    | +270=               | · ·                    |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                              |                       |                              |                  | TOTAL    | 427               | OR                     | TOTAL |                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)          |  |   |                              |                       |                              |                  | OTHER TH |                   |                        |       |                     |                        |
|  |  | CLAIMS REMAINING AFTER AMENDMENT          |                              | HIGH<br>NUM<br>PREVIO | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                        | **                    |                              | =                |          | X\$ 9=            |                        | OR    | X\$18=              |                        |
|  | Independent  | *   | Minus                        | ***                   | · ·                          | =                |          | X40=              |                        | OR    | X80=                |                        |
|  | FIRST PRESE  | NTATION OF MU                             | JLTIPLE DEF                  | PENDEN                | T CLAIM                      |                  |          | +135=             |                        | OR    | +270=               |                        |
|  |  |   |                              |                       |                              |                  |          | TOTAL             |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                |                              | (Colu                 | mn 2)                        | (Column 3)       |          | ADDIT. FEE        |                        | •     | ADDIT LE            |                        |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                            | NUN<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                        | **                    |                              | =                |          | X\$ 9=            |                        | OR    | X\$18=              |                        |
| AMENOM   | Independent  | *   | Minus                        | ***                   |                              | =                |          | X40=              |                        | OR    | X80=                |                        |
| •  | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEF                  | PENDEN                | TCLAIM                       |                  | j        | +135=             |                        | OR    |                     |                        |
|  |  |   |                              |                       |                              |                  |          | TOTAL             |                        | OR    | TOTAL               | <u> </u>               |
|  |  | (Column 1)                                |                              | (Coli                 | ımn 2)                       | (Column 3)       | ١        | ADDIT. FEI        | : <b></b>              | ٠     | ADDIT. FEE          | : <b>L</b>             |
| _  |  | CLAIMS                                    |                              |                       | HEST                         | 10010111110      | Ί        |                   | ADDI-                  | 1     |                     | ADDI-                  |

| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |  |  |
|-------------|--|---|-------|---|------------------|--|--|--|--|
| MOZ         | Total  | otal *                                    |       | **  | =                |  |  |  |  |
| NE NE       | Independent                                    | *   | Minus | ***   | =                |  |  |  |  |
| ۲           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |  |  |  |  |

OR

OR

OR

TIONAL FEE

RATE

X\$ 9=

X40=

+135=

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.